



APPLICATION FOR DEALER CHANGE OF NAME OR ADDRESS

Dealer/Manufacturer Service
P.O. Box 9039
Olympia, WA 98507-9039
(360) 664-6466
FAX (360) 586-6703

Please note: A site inspection will be conducted by a Dealer Investigator as part of the name or address change process.

FOR VALIDATION ONLY

U.B.I. No. _____

Motor Vehicle Dealer License No. _____

Manufactured Home/Travel Trailer Dealer License No. _____

Miscellaneous/Motorcycle Dealer License No. _____

Vehicle Manufacturer Dealer License No. _____

Vessel Dealer License No. _____

☐ Retail ☐ Wholesale Only

☐ Change of Name
No Fee Required

☐ Change of Address
\$25.00*

* No fee required for vessel dealer
or vehicle manufacturer

Old Business Name _____

Old Business Street Address _____

City _____ State _____ Zip _____

New Business Name _____

New Business Street Address _____

City _____ State _____ Zip _____

Mailing Address _____

City _____ State _____ Zip _____

Business Telephone _____ County _____

Business FAX Number _____

The following must accompany application:

Instructions for Location Change: (Not required for Vessel Dealers)

- A lease agreement or proof of property ownership (Not required for vehicle manufacturer)
- A bond endorsement when location of town or city has changed (Also required for bonded vehicle Manufacturer)

Instructions for Name Change: (bonded licensee only)

- A bond endorsement reflecting the new business name must accompany application

THIS FORM IS NOT TO BE USED FOR BUSINESS STRUCTURE CHANGE

I certify that my business location codes, zoning and other land-use meets all applicable ordinances.

Signature of Dealer or Representative _____ Date _____